

SPECIAL POWER OF ATTORNEY

The purpose of this document is to designate a person as your agent to act on your behalf with the Thrift Savings Plan (TSP). You may revoke this power of attorney in writing if you wish.

If there is anything about this power of attorney that you do not understand, you should ask a lawyer to explain it to you. To make this document official, you must sign it—or acknowledge having signed it—in the presence of a notary public.

Mail or fax the form to: **TSP Legal Processing Unit, P.O. Box 4390, Fairfax, VA 22038-4390.**
Fax number: **(703) 592-0151.**

For overnight delivery: **TSP Legal Processing Unit, 12210 Fairfax Town Center, Unit 906, Fairfax, VA 22033.**

Assignment of the Power of Attorney

A TSP participant, his or her spouse, or his or her payee may complete this section. **Please type or print.**

I, _____ of _____ do hereby appoint
First name Middle initial Last name City State

_____ of _____ my true and lawful agent to:
First name Middle initial Last name City State

(Please **hand write your initials** on the line in front of the power you are granting.)

- _____ obtain information about this TSP account.
- _____ borrow or withdraw funds from this TSP account.
- _____ take any other action(s) relating to this TSP account.

This power of attorney relates to the TSP account of _____,
Participant's first name Middle initial Last name

whose Social Security number is _____ - _____ - _____.

This power of attorney will not be affected if I subsequently become disabled, incapacitated, or incompetent. It is effective immediately, and, unless revoked or terminated by me earlier in writing, will expire on

_____. (If no date applies, write "indefinite.")
Month/day/year

Signature of person giving power of attorney: _____ Date: _____
Month/day/year

Statement of Notary Public

A notary public must complete this section; no other acknowledgment is acceptable.* Please type or print.

This document granting a power of attorney was signed, or acknowledged to have been signed, before me

on _____ by _____,
Month/day/year First name Middle initial Last name

who is personally known to me or has properly identified himself/herself to me.

Jurisdiction (County) (State)

Notary public's signature

SEAL

My commission expires: _____
Month/day/year

* This document will be filed with the Federal Retirement Thrift Investment Board (FRTIB) in Washington, D.C. The FRTIB is an agency in the United States Government established by 5 U.S.C. § 8472.